

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2012
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced annual survey was conducted at this facility from May 7, 2012 through May 17, 2012. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 94. The Stage 2 sample totaled 47 residents.	F 000			
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment	F 164	F164 It is the practice of Delmar Nursing & Rehabilitation Center to ensure each resident has the right to personal privacy and confidentiality of his or her personal and clinical records. No corrective action can be accomplished for this incident. Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this practice. The nursing staff has been re-educated to ensure they are providing privacy during care (Attachment A). Privacy audits will be conducted weekly for 3 months by a nursing supervisor (Attachment B). Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.		6/8/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

6/8/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	Continued From page 1 contract; or the resident. This REQUIREMENT is not met as evidenced by: Based on observation, it was determined that the facility failed to provide personal privacy for one resident (R1) during a wound dressing change. Findings include: During the initial tour on 5/7/12 at 9:25 AM, R1 was having a wound dressing change. R1's lower extremities were visible from the hallway outside her room. This was observed by two (2) surveyors. E8 (nurse) was performing the dressing change and the privacy curtain had not been pulled all the way, nor had the door been closed.	F 164		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, it was determined that the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality for seven (R60, R86, R99, R2, R25, R121 and R62) out of 47 sampled residents. Additionally, during dining observations on May 7, 2012 and May 9, 2012, observations revealed	F 241		

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F 241	<p>Continued From page 2</p> <p>that residents were served milk directly from cartons without beverage glasses. Findings include:</p> <ol style="list-style-type: none"> 1. Observation on 5/10/12 at 8:55 AM revealed E11 (Certified Nursing Assistant/CNA) entered R86's room without knocking and/or asking for permission to enter. E11 acknowledged that she failed to knock before entering the room. 2. On 5/7, 5/8, 5/9 and in the morning on 5/10/12, R60 was observed throughout the day and early evening shifts to be wearing a dark gray colored button up sweater with a large hole in the right elbow. <p>An interview on 5/10/12 at 8:55 AM with E18 (CNA) revealed that she knew how to sew and will try to mend it. About an hour later E18 revealed that the sweater had been mended for the resident.</p> <ol style="list-style-type: none"> 3. On 5/7/12 at about 1 PM, E17 (CNA) was observed pulling R99 in her gerichair backwards down the hallway from the assisted dining room towards the resident's room. 4. During the lunch dining observation on 5/7/12 at 12:43 PM, the first cart arrived to the Station 3 Unit. At 12:51 PM, R40 was in his room with his lunch tray eating. R40's roommate, R2 did not have his tray and was in view of R40 eating. At 12:55 PM, R2 still did not have his tray. At 1 PM an aide brought the lunch tray into the room to feed R2. <p>On 5/9/12 at 8:10 AM, R2 was in bed. R2's</p>	F 241	<p>F241</p> <p>It is the practice of Delmar Nursing & Rehabilitation Center to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>No corrective action can be accomplished for these incidents.</p> <p>Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by these practices. The nursing staff has been re-educated on knocking on doors before entering; ensuring that residents are wearing appropriate clothing; pushing a geri chair with a resident facing forward; ensuring that residents in the same room are fed at the same time or the curtain is pulled; staff members are to sit when feeding; privacy curtain is pulled if a resident is NPO; and each beverage is poured into a separate glass or a separate straw is provided (Attachments A, C).</p> <p>Dignity Audits will be conducted weekly for 3 months by a nursing supervisor (Attachment D).</p> <p>Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.</p>	6/8/2012

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F 241 Continued From page 3
roommates, R40 and R60 had their breakfast trays and were eating. R60 stated that R2 had not been fed his breakfast yet. At 8:22 AM, R2 was observed being fed by E20 (CNA) while she stood over him instead of sitting in a chair.

5. On 5/7/12 at 1:18 PM, E19 (nurse) was observed in R25's room standing over her while assisting her with her lunch tray and feeding her milk.

6. The lunch observation on 5/8/12 at 12:52 PM revealed that R58 received his lunch tray, while his roommate, R121, who needed assistance with eating, was in bed with no meal tray. At 1:19 PM, R121 received his tray and began receiving assistance. The privacy curtain was not used and R121 could observe R58 eat his lunch for 27 minutes.

7. The lunch observation on 5/8/12 at 12:01 PM, revealed R61, who required assistance with eating, received her tray and staff began assisting her. R62 was lying in her bed little more than 3 feet away with the privacy curtain wrapped up against the wall. R62 was a resident who had an order for nothing by mouth. This resident was lying in bed watching R61 while she was fed.

8. During a lunch observation on 5/7/12 and a dinner observation on 5/9/12 in the main dining room, multiple residents were seen drinking directly from milk cartons, Mighty Shake (supplement) cartons, cans of soda and juice containers. Residents received one straw in their flatware packet, although they had multiple

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F 241	Continued From page 4 drinks. Additionally, there were no extra cups available for the residents to be able to pour drinks into.	F 241		
F 246 SS-E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure that four (R25, R34, R86 and R65) out of 47 sampled residents received services with reasonable accommodations of individual needs and preferences. Findings include: 1. R65 was observed lying in bed on 5/7/12 at 11:30 AM. The call bell cord was tied to the right side rail with the length of the cord running down between the mattress and side rail. R65 was unable to access the call bell. During an interview with E9 (nurse) at 11:40 AM, she stated that R65 was capable of using the call bell and acknowledged that it was not accessible to the resident where it was currently tied. E9 proceeded to place the call bell within reach of R65's hands. 2. On 5/9/12 at 8:37 AM, R34 was observed seated in bed. The call bell was on the floor on	F 246	F246 It is the practice of Delmar Nursing & Rehabilitation Center to ensure each resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. No corrective action can be accomplished for these incidents. Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by these practices. The nursing staff has been re-educated on ensuring the residents have access to the call lights (Attachment C). Call Bell Audits will be conducted by the charge nurses each shift, weekly, x 3 months (Attachment E). Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits. 6/8/2012	

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F 246	Continued From page 5 the right side of the bed near the wall. E10 (Certified Nursing Assistant) acknowledged that R34's call bell was out of reach. 3. On 5/9/12 at 10:06 AM, R86 was observed seated in a recliner near the foot of his bed. The call bell was clipped to the center of the bed, but R86 was unable to reach it. In an interview with E10 (CNA) following the observation, she stated that R86 could not reach the call bell where it was located. 4. On 5/7/12 at 1:03 PM, R25 was observed in bed with her lunch tray and her call bell was on the floor out of reach. At 1:12 PM, E23 (CNA) went into the room washed her hands and left without noticing the call bell was on the floor. Then, E2 (Director of Nursing) went into the room to care for R25's roommate and E2 left without noticing R25's call bell on the floor. At 1:16 PM, E18 (CNA) went in the room to care for R25's roommate and closed door. At 1:17 PM, the door was opened and the call bell was still on the floor. At 1:18 PM, E19 (nurse) entered the room to assist R25 with her lunch tray. The call bell remained on floor beside bed. Although multiple staff entered R25's room, no one noticed her call bell was out of reach while she was alone in bed eating lunch.	F 246		
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.	F 248		

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F 248	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review, observations and interview, it was determined that the facility failed to ensure that five residents (R65, R99, R89, R129, and R116) out of 47 sampled, received an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Findings include:</p> <p>1. R65 was readmitted to the facility post hospitalization on 1/11/12. R65's diagnoses included congestive heart failure, hypertension, diabetes mellitus, cerebrovascular accident (stroke), Parkinson's disease, depression, glaucoma, and chronic obstructive pulmonary disease.</p> <p>The annual Minimum Data Set (MDS) assessment, dated 2/14/12, stated R65's cognitive skills were moderately impaired and that on 7-11 days of the review period, he had little interest or pleasure in doing things. The same MDS regarding R65's interview of preferences for customary routine and activity stated that the following were "very important" to him: listening to music he likes, keeping up with news and going outside to get fresh air when the weather is good. The MDS stated that the following activities were "somewhat important: doing things with groups of people, to do favorite activities, and to participate in religious services or practices." R65 required extensive assist of one staff for bed mobility, transfer, walk in room and corridor and</p>	F 248	<p>F248</p> <p>It is the practice of Delmar Nursing & Rehabilitation Center to provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>No corrective action can be accomplished for those residents.</p> <p>Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this alleged deficient practice. The Activities Director has reviewed and updated the Activities Calendar, to ensure the Activities Program is comprehensive and individual needs are met (Attachment F).</p> <p>An Activity Care Plan audit will be conducted by the Administrator each month x 3 months (Attachment G).</p> <p>Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.</p>		6/8/2012

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F-248	<p>Continued From page 7 locomotion on and off the unit.</p> <p>R65 had a care plan for Activity, last updated on 1/24/12. The goal of the care plan was "will invite and remind resident to attend activities of their choice x 90 days such as: watching television with residents, socializing, reading the newspaper, and special events." Care plan approaches included "provide resident with a monthly calendar; will provide a daily morning bulletin" and "will invite resident to special events."</p> <p>Review of the activities participation log from 1/12/12 through 2/17/12 revealed that R65 participated daily in one or more activities such as: watching television, reading, exercise, socializing, morning greets, indoor/outdoor walks and/or having visitors. There was no evidence that the resident was invited to any religious activities and/or music programs or that he had refused to attend.</p> <p>Review of the clinical record revealed that R65 was hospitalized from 2/18/12 through 3/2/12.</p> <p>On 3/6/12 an "Activities-Resident Activity Assessment" was completed. This assessment stated R65 has needs due to vision impairment, and that his current interests include country music, reading (notation "we read to him"), listening to TV programs, gardening/plants, and talking/conversing. A significant change MDS, dated 3/8/12 stated R65's cognitive skills were moderately impaired and that an interview of preferences for customary routine and activity was not conducted with the resident because he is rarely/never understood. The staff assessment</p>	F 248		

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F-248	<p>Continued From page 8</p> <p>of daily and activity preferences only stated the resident prefers snacks between meals and family or significant other involvement in care discussions. This same MDS stated R65 was totally dependent on two staff for transfer, did not ambulate in his room or the corridor, and was totally dependent on one staff person for locomotion on and off the unit. The care plan was not reviewed and revised at this time to reflect R65's decline in activity participation, nor were any new approaches identified to ensure an ongoing program of activities for R65.</p> <p>Review of the activities participation log from 3/3/12 through 5/9/12 revealed that R65 watched (listened to) TV and that "morning greets" were provided. There was no evidence that the facility offered to read the newspaper to R65, offered to take him outdoors on a nice day, offered any country music stations via TV or radio or provided any one on one time conversing with the resident. Multiple observations of R65 on 5/7/12, 5/8/12 and 5/9/12 revealed the resident lying in bed with the TV playing while he lay sleeping most of the time.</p> <p>2. R99 had an initial activity assessment dated 2/9/11 that documented interests in all kinds of music, religious service and music, going out for rides, outdoors and a past interest in flowers.</p> <p>The resident's annual MDS assessment dated 3/6/12 indicated R99 was severely impaired for decision making, was dependent on staff for activities of daily living and had an activity preference of listening to music.</p>	F 248			

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F 248	<p>Continued From page 9</p> <p>A care plan was initiated for activities on 3/7/11 that stated patient needs to pursue both group and independent activities of interest such as music, watching television, talking and socializing, spiritual, taking rides and outdoors when weather permits. The goal was that patient will express satisfaction with daily routine by next review in 90 days. Approaches included invite/encourage to attend activities for interest, ensure patient has adequate reading material to pursue leisure activities, monitor for changes in activity needs, remind patient of special group activities that may be of interest and assist patient in securing materials needed for activity of choice. The last review date was 12/1/11 and documented the goals were partly met due to health decline will monitor for 1:1 visits.</p> <p>The May 2012 Physician Order Sheet included the interventions of Activities 3-5 PM initiated on 2/9/11 and resident will be up 2 hours at lunch and 2 hours at dinner initiated on 2/28/11,</p> <p>Observation of R99 daily from 5/7/12 through 5/10/12 noted the resident to be in bed except when up to the geri-chair for lunch and dinner. R99 was not seen attending any activities. Only on 5/9/12 was the radio noted to be on in the room.</p> <p>Review of the Activities Participation Log from 3/1/12 through 5/10/12 indicated that on 22 days the resident had the radio on, two days the television was on, one room visit and one visitor. No other activities were documented as having occurred.</p> <p>An interview on 5/10/12 at 2:50 PM with E12</p>	F 248			

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F 248	<p>Continued From page 10</p> <p>(nurse) and E16 (nurse) revealed that R99 had been seen going to and from lunch but has not been seen involved in activities.</p> <p>3. R89 was admitted to the facility on 3/19/12. The admission MDS assessment dated 3/26/12 documented that R89 was moderately impaired for cognitive daily decision making and that R89 verbalized that it was very important for her to do her favorite activity which included reading books, newspapers, magazine, listening to music, being around animals, keep up with the news, go outside to get fresh air when the weather is good, and participate in religious services and practices. R89 required extensive assist of one staff for bed mobility and transfer, did not walk and required extensive assistance of one staff person for locomotion on and off the unit.</p> <p>R89 had a care plan for Activity developed on 3/23/12. The goal of the care plan was "patient will express satisfaction with daily routine by next review-90 days." Approaches included:</p> <ul style="list-style-type: none"> -Provide monthly activity calendar. -Provide meet and greet sheet daily and read over daily activities. -Invite/encourage to attend activities of interest. -Monitor for any change in activity needs. -Remind patient of special group activities that may interest him. -Assist patient in securing materials needed for activity of choice. <p>Although the facility developed the above care plan, the facility failed to incorporate the activity preferences verbalized by R89 on the above MDS assessment.</p>	F 248			

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F 248	<p>Continued From page 11</p> <p>Review of R89's "Activity Assessment Form" dated 3/28/12 completed by E13 (Activity Aide) documented current interests including country music, watching TV, socializing, spiritual, trips/outings, outdoor walking/wheeling, and western movies.</p> <p>Review of the "Activities Participation Log" from 3/19/12 through 5/11/12 (53 days) revealed that on a daily basis, TV watching and morning greets were documented. In addition, 18 coffee cart, one movie viewing, one spiritual event, one group event, and an evening stroll. There was no evidence that the resident was offered books, newspaper, magazine, listing to music, religious services, trips/outings, western movies, and country music or that R89 had refused to attend.</p> <p>Multiple observation of R89 throughout the survey revealed R89 sitting around the nurses station with no meaningful activity and R89 was not offered any activity's of interest such as newspaper, books, magazine, or music.</p> <p>4. R129 was admitted to the facility on 4/27/12. The admission MDS assessment dated 5/4/12 documented that R129 was moderately impaired for cognitive daily decision making. In addition, R129 verbalized that it was very important for her to do her favorite activity. Activity preferences that were somewhat important for R129 included reading books, newspapers, magazine, listing to music, being around animals, keep up with the news, doing things with groups of people, and go outside to get fresh air when the weather is good, and participate in religious services and practices. R129 required extensive assist of one staff for bed mobility and transfer, did not walk</p>	F 248			

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F 248	<p>Continued From page 12</p> <p>and required total assistance of staff for locomotion on and off the unit.</p> <p>R129 had a care plan for Activity developed on 5/2/12 with goal of the care plan that "patient will express satisfaction with daily routine by next review-90 days." Approaches included:</p> <ul style="list-style-type: none"> -Provide monthly activity calendar. -Provide meet and greet sheet daily and read over daily activities. -Invite/encourage to attend activities of interest. -Monitor for any change in activity needs. -Remind patient of special group activities that may interest him. -Assist patient in securing materials needed for activity of choice. <p>Although the facility developed the above care plan, the facility failed to individualize the care plan which incorporated R129's activity preferences stated on the above MDS.</p> <p>Review of the "Activities Participation Log" from 4/27/12 through 5/11/12 (14 days) revealed that on a daily basis, R129 was watching TV and received morning greetings from the activity's department staff. In addition, R129 had one day of crafts, one room visit, one visit by a local school system, and two days in which the resident received coffee from the cart. There was no evidence that the resident was offered reading books, newspapers, magazine, listening to music, being around animals, keeping up with the news, doing things with groups of people, and go outside to get fresh air when the weather is good, and participate in religious services and practices or that R129 refused to attend.</p>	F 248			

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NAME OF PROVIDER OR SUPPLIER

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STREET ADDRESS, CITY, STATE, ZIP CODE

**101 E. DELAWARE AVENUE
DELMAR, DE 19940**

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F 248	<p>Continued From page 13</p> <p>During the survey on 5/15/12, an "Activities Assessment Form" was completed by E14 (Registered Nurse/Staff Development Nurse). This assessment documented that R129 past activity interest included watching TV, spiritual events, and outdoors walking/wheeling, however, there were no current interest documented.</p> <p>Multiple observation of R129 throughout the survey revealed R129 either sitting in her bed or in the wheelchair in her room with the TV on.</p> <p>5. R116 was readmitted to the facility on 4/7/12. The most recent quarterly MDS assessment dated 3/26/12 documented that R116 was independent in daily decision making and that it was very important for her to listen to music that she liked, keep up with the news, and to participate in religious services and practices. In addition, it was somewhat important for R116 to have books, newspapers, and magazines to read, do things with groups of people, and to go outside to get fresh air when the weather is good. R116 required total assistance of staff for bed mobility and transfer, did not walk and required total assistance of staff for locomotion on and off the unit.</p> <p>R116 had a care plan for Activity developed on 3/23/12 with goal of the care plan that "patient will express satisfaction with daily routine by next review-90 days." Approaches included:</p> <ul style="list-style-type: none"> -Provide monthly activity calendar. -Provide meet and greet sheet daily and read over daily activities. -Invite/encourage to attend activities of interest. -Monitor for any change in activity needs. -Remind patient of special group activities that 	F 248		

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DELMAR, DE 19940

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F 248	<p>Continued From page 14</p> <p>may interest him.</p> <p>-Assist patient in securing materials needed for activity of choice.</p> <p>Although the facility developed the above care plan, the facility failed to individualize the care plan which incorporated R116's activity preferences stated on the above MDS.</p> <p>During the survey on 5/15/12, an "Activities-Resident Activity Assessment" was completed by E13 (Activity Aide). This assessment documented that R116 current activity interest included watching TV, spiritual events, trips/outings, exercise/sports, outdoors walking/wheeling, and comedy movies.</p> <p>Review of the "Activities Participation Log" from 4/7/12 through 5/11/12 (34 days) revealed that on a daily basis, TV watching and morning greets was documented as well as 17 days in which resident received coffee on the cart. There was no evidence that the resident was offered to listen to music that she liked, keep up with the news, and to participate in religious services and practices, to have books, newspapers, and magazines to read, do things with groups of people, and to go outside to get fresh air when the weather is good.</p> <p>Multiple observation of R116 throughout the survey revealed R116 sitting in her wheelchair in her room with TV on. On 5/17/12 at approximately 11 AM, R116 demonstrated to the surveyor that when R116 changed the TV channel with the TV remote, it changed both R116 and R129's TV stations and both of the residents do not like the same TV shows. An</p>	F 248		

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F 248	Continued From page 15 Interview with E21 (Certified Nursing Assistant) on 5/17/12 at approximately 11:10 AM revealed that she was aware of the problem with the TV remote and that E21 was forwarding this to maintenance department to address this problem.	F 248			
F 249 SS=F	483.15(f)(2) QUALIFICATIONS OF ACTIVITY PROFESSIONAL The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the State in which practicing; and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or is a qualified occupational therapist or occupational therapy assistant; or has completed a training course approved by the State. This REQUIREMENT is not met as evidenced by: Based on observation, review of documentation and interview, it was determined that the facility failed to ensure that the activities program was directed by a qualified professional. Findings include: Cross refer F248 Interview with E13 (activity aide) on 5/11/12 at 8:45 AM revealed that she did not meet the professional qualifications of an Activity Director. When asked who was fulfilling the duties of the	F 249	F249 It is the practice of Delmar Nursing & Rehabilitation Center to provide the activities program directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, or is a qualified occupational therapist or occupational therapy assistant. No corrective action can be accomplished for those residents. Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this deficient practice. The new Activities Director began work on May 18, 2012. The Administrator will conduct random monthly audits x 3 months to ensure a qualified staff member is present to direct the activities program (Attachment H). Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.		6/8/2012

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F 249	<p>Continued From page 16</p> <p>Activity Director (The previous Activity Director's last date of employment was March 8, 2012), E13 stated she was trying to "since I've been here the longest." E13 stated she has been employed by the facility for approximately 1 and 3/4 years (August will be 2 years). E13 stated that besides her, the only other activity staff was an activity aide that started 2 weeks ago.</p> <p>Interview with E1 (Nursing Home Administrator) on 5/11/12 revealed that E13 (activity aide), E5 (human resources) and E14 (staff development nurse) were filling in for the Activity Director who left without notice on March 8, 2012. E1 confirmed that none of these staff members met the qualifications of an Activity Director. E1 stated he was on leave from 2/16 through 4/1/12, however, he compiled written documentation and a timeline for events that occurred during his absence.</p> <p>Review of written documentation provided on 5/11/12 revealed that the facility did not utilize the Activity Director from a nearby sister facility because the Activity Director was newly certified and did not feel comfortable coming to the facility. The survey team was advised on May 16, 2012 that the facility hired an Activity Director who is due to start on May 18, 2012. However, the facility failed to have a qualified professional to plan, coordinate and direct the residents' activity program since March 9, 2012.</p> <p>Multiple observations of activities were made by the survey team from May 7 through May 17, 2012. Observations revealed approximately a dozen of the same self-directed residents</p>	F 249			

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F 249	Continued From page 17 (primarily women) engaged in activities daily in the activity room. R65, R89, R99, R116, and R129, as well as numerous other cognitively impaired residents that were not self-directed, were observed either lying in bed sleeping most of the time or sitting in their room with the TV on or sitting in a wheelchair around the nurse's station with no meaningful activity.	F 249			
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview it was determined that for one (R130) out of 47 sampled residents the facility failed to ensure medically related social services were provided for R130 who was a newly admitted resident to the facility and had a language barrier. Findings include: R130 was admitted to the facility on 4/30/12. According to the Medicaid preadmission review and the admission physician assessment dated 5/1/12 the resident was assessed as having dementia and oriented to self only. The resident was also documented as being Spanish speaking and the physician used a staff person who spoke Spanish to assist with his admission assessment. The resident had a care plan initiated on 5/1/12	F 250	F250 It is the practice of Delmar Nursing & Rehabilitation to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Language Service Associates provides translation services for this resident (Attachment I). The Director of Admissions will identify any residents with a language barrier prior to admission, to ensure that Language Service Associates is available at the time of admission. All new admissions will be reviewed in morning meeting to ensure there are no language barriers (Attachment J). Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.	6/8/2012	

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F 250	<p>Continued From page 18</p> <p>for impaired communication related to Spanish as primary language. The goal was that the patient would be able to effectively communicate basic needs and wants. The approaches were;</p> <ul style="list-style-type: none"> -speak slowly and clearly-keeping communication simple and direct -allow adequate time for patient response -face patient when talking address by name -monitor non-verbal communication <p>The care plan did not indicate how the English speaking staff would actually communicate with the resident. Additionally there was no evidence that the facility made arrangements or referrals to assist the resident and staff in their communication.</p> <p>A nurse's note dated 5/2/12 documented that at nurses request the speech therapist provided communication pictures so there could be a means of direct communication with the resident.</p> <p>An interview on 5/9/12 at 9:50 AM with E12 (nurse) revealed that R130 had been there about one week and none of the staff on that unit spoke Spanish. It was further revealed that there was no regular access to a translator and no communication board was available. E12 was aware that the front desk clerk and one 3-11 nurse on the other station spoke fluent Spanish and had talked to R130. E12 also revealed that the daughter had been in to do some translation and that an aide had downloaded Google translator on her personal smart phone to try to communicate with R130.</p> <p>Observation of R130 from 5/7 through 5/11/12</p>	F 250			

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F 250	<p>Continued From page 19</p> <p>revealed that the resident was frequently in the hallway at Station 3 speaking Spanish to staff, residents and visitors as they walked by. Staff would take her for walks in her wheelchair, to activities and outside to keep her occupied. Staff was unable to communicate with her in Spanish most of the time. A communication / picture board was never observed to be used.</p> <p>An interview on 5/16/12 at 10:36 AM with E19 (nurse) revealed that the front desk clerk and some 3-11 staff could speak Spanish. She further revealed that within the first couple days after admission the speech therapist provided a communication/picture book to use with the resident. E19 and the surveyor found the binder that held the communication book in the resident's room but the actual pages were missing from the binder.</p> <p>An interview on 5/16/12 at 1:30 PM with E22 (unit manager) revealed that there were Spanish speaking employees at the facility and "staff just know" who they are. E22 stated that there was a communication book with pictures but she does not know what happened to it.</p> <p>An interview on 5/17/12 at 10:45 AM with E24 (social worker) revealed that she had only been employed for 9 days, did not speak Spanish and was aware that the receptionist could translate. Otherwise she had not been involved with R130's communication issues.</p> <p>An interview on 5/17/12 at 10:57 AM with E2 (Director of Nursing) and the E15 (corporate nurse) concerning the lack of direction in the plan of care for communication revealed that they</p>	F 250			

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F 250

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were not "required" to have the care plan completed yet. However, when the surveyor expressed concern about how the resident's needs would be met while they were working on a complete care plan E2 and E15 agreed that a list of staff / resident family members available to translate should be accessible to staff.

F 250

F 253
SS=E

483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES

F 253

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced by:
Based on observations on 5/7/12, 5/8/12, 5/10/12, 5/11/12 and 5/17/12, it was determined that the facility failed to maintain a sanitary, comfortable, and orderly interior. Findings include:

During the environmental tours on 5/07/12, the following concerns were observed:

1. At 9:41AM, an odor was observed in room # 309.
2. A foul smell was noted in room #309 around 11AM. Multiple scuff marks and chipped paint were also observed in the room and bathroom.
3. Resident R99's Foley bag was laying directly on the floor with the blue privacy bag attached to the bed not being used. This was about 11 AM.

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DELMAR, DE 19940**

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F 253	<p>Continued From page 21</p> <p>4. The heater/AC unit of room # 205 had vents that were very dusty and dirty. This was observed at 11:10AM.</p> <p>5. The motorized wheelchair of R68 was dirty. In particular, the footrest was filthy with debris at 11:20AM.</p> <p>6. The corner of the wall next to the sink had chipped paint in room # 227. There were pieces of the corners missing from the exterior surface of the entrance door. The bathroom walls, two out of four, were missing floor molding. This was observed at 11:23 AM.</p> <p>7. At 11:30AM, the Oxygen concentrator filter of room # 213 being used by R65 was dirty and dusty.</p> <p>8. At 11:48AM, the wall between the beds of room # 225 was scuffed and marked. The headboard behind the A bed was scraped and gouged. The floor molding adjacent to the sink was missing. The veneer of the B bed night stand was damaged with missing pieces.</p> <p>During the environmental tours on 5/08/12, the following concerns were observed:</p> <p>9. At 11:56 AM, odor was noted upon entrance to room # 104.</p> <p>10. The bathroom walls in room # 201 had scuffed paint from wheelchair traffic.</p> <p>11. At 9:43 AM, the wheelchair for R114 was observed with dust and debris.</p>	F 253	<p>F253</p> <p>It is the practice of Delmar Nursing & Rehabilitation Center to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>The rooms, wheelchairs, gerichairs, and lifts have been cleaned. The oxygen concentrators have new filters and have been dusted, the heaters have been dusted. Painting touch-ups have begun. Molding has been ordered for the doors. New nightstands have been ordered.</p> <p>The Housekeeping Director will conduct room rounds weekly to identify any problem areas (Attachment K).</p> <p>The nursing staff has been educated on proper storage of oxygen and nebulizer tubing (Attachment L). The Maintenance Department has a monthly preventative maintenance list to ensure building cleanliness and comfortable interior (Attachment M).</p> <p>Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.</p>	6/15/2012

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NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940
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F 253	<p>Continued From page 22</p> <p>12. At 9:32 AM, R99's wheelchair and gerichair were dusty and dirty with built up dust and debris.</p> <p>13. At 10:21 AM, scuffs and wall damage were observed near bed 4 of room # 308.</p> <p>14. At 11:15 AM, room # 315 was observed to have chipping paint and general wear in the room. The bathroom had grout that was black with dirt.</p> <p>15. At 12:02 PM, R73's wheelchair was dirty all over.</p> <p>16. R1's electric wheelchair was dirty all over with debris and dust at 5:10 PM.</p> <p>17. On 5/17/12 at 11:07, in the station 3 shower room, the paint on the walls of the toilet area was scraped, scuffed, peeling, and bubbling/flaking off. The door to this shower room was heavily scraped and scratched causing holes in the veneer.</p> <p>18. Observations on 5/7, 5/10 and 5/11/12 revealed that two Hoyer lifts and one sit to stand lift on Station 3 were heavily soiled with dust and debris.</p> <p>19. Observation on 5/11/12, revealed a Hoyer lift on Station 2 was dirty with dust, debris and dried liquid spills.</p> <p>20. Observation on 5/7/12, revealed R14 had no filter in the oxygen concentrator. The nasal cannula was being stored on the bedside table uncovered.</p>	F 253		

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F 253	Continued From page 23 21. Observation on 5/7/12, revealed R57's oxygen concentrator filter was so full of dust it was almost gray/white in color. There was also a oxygen/nebulizer mask laying on the floor next to the bed.	F 253			
F 256 SS=D	483.15(h)(5) ADEQUATE & COMFORTABLE LIGHTING LEVELS The facility must provide adequate and comfortable lighting levels in all areas. This REQUIREMENT is not met as evidenced by: Based on observations made in the resident rooms it was determined that the facility failed to provide adequate and comfortable lighting levels for one resident room and one bathroom. Findings include: 1. In room # 308, bed 4 did not have a light over the bed or over the sink. The resident currently in the bed had a small table top lamp on her bedside stand. There was limited lighting to that side of the room. 2. The shower stall in the Station 3 shower room had no light directly above and was dark when the privacy curtain was pulled.	F 256	F256 It is the practice of Delmar Nursing & Rehabilitation Center to provide adequate and comfortable lighting levels in all areas. Room 308 has new lights: one over bed 4 and one over the sink. The Station 3 shower has an overhead light. All other residents have lights over their beds. All showers have a light in each stall. The Administrator will conduct random monthly audits x 3 months to ensure lights are present (Attachment N). Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.	6/8/2012	
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable	F 279			

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F.279	<p>Continued From page 24</p> <p>objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, it was determined that for three residents (R89, R129, and R116) of 47 residents reviewed the facility failed to develop a comprehensive care plan which described the services to be furnished to maintain the resident's highest practicable level of well-being. The facility failed to develop an individualized care plan for activities based on the comprehensive assessments for R89, R129, and R116. Findings include:</p> <p>1. Cross refer F248, example 3. The admission Minimum Data Set (MDS) assessment dated 3/26/12 documented that R89 was moderately impaired for cognitive daily decision making and R89 verbalized that it was very important for her to do her favorite activity which included reading books, newspapers, magazine, listening to music, being around animals, keep up with the news, go outside to get a fresh a</p>	F 279	<p>F279</p> <p>It is the practice of Delmar Nursing & Rehabilitation Center to use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care.</p> <p>The Activities Director has reviewed and updated the care plans of the residents affected by this alleged deficient practice.</p> <p>Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this alleged deficient practice. The Activities Director has reviewed and updated the Activities care plans, to ensure the Activities Program is comprehensive and individual needs are met.</p> <p>An Activity Care Plan audit will be conducted by the Administrator each month x 3 months (Attachment G).</p> <p>Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.</p>	6/8/2012

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F 279	<p>Continued From page 25</p> <p>when the weather is good, and participate in religious services and practices.</p> <p>R89 had a care plan for Activity developed on 3/23/12 with goal of the care plan was "patient will express satisfaction with daily routine by next review-90 days." Approaches included:</p> <ul style="list-style-type: none"> -Provide monthly activity calendar. -Provide meet and greet sheet daily and read over daily activities. -Invite/encourage to attend activities of interest. -Monitor for any change in activity needs. -Remind patient of special group activities that may interest him. -Assist patient in securing materials needed for activity of choice. <p>While the facility developed the above care plan, the care plan failed to be individualized. Although R89 verbalized her activities of interest on the above assessment, review of the care plan for "Activity" developed on 3/23/12 lacked evidence that the approaches were individualized and included the stated activities of interest such as reading books, newspapers, magazine, listing to music, going outside, and participation in religious events.</p> <p>2. Cross refer F248, example 4.</p> <p>R129 was admitted to the facility on 4/27/12. The admission MDS assessment dated 5/4/12 documented that R129 was moderately impaired for cognitive daily decision making. In addition, R129 verbalized that it was very important for her to do her favorite activity. Activity preferences included reading books, newspapers, magazine, listing to music, being around animals, keeping up with the news, doing things with groups of</p>	F 279		

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F 279	<p>Continued From page 26</p> <p>people, and go outside to get fresh air when the weather is good, and participate in religious services and practices.</p> <p>R129 had a care plan for Activity developed on 5/2/12 with goal of the care plan was "patient will express satisfaction with daily routine by next review-90 days." Approaches included:</p> <ul style="list-style-type: none"> -Provide monthly activity calendar. -Provide meet and greet sheet daily and read over daily activities. -Invite/encourage to attend activities of interest. -Monitor for any change in activity needs. -Remind patient of special group activities that may interest him. -Assist patient in securing materials needed for activity of choice. <p>While the facility developed the above care plan, the care plan was not individualized. Although R129 verbalized her activities of interest on the above assessment, review of the care plan for "Activity" developed on 5/2/12 lacked evidence that the approaches were individualized and included the stated activities of interest such as reading books, newspapers, magazine, listening to music, going outside, and participation in religious events.</p> <p>3. Cross refer F248, example 5. R116 was readmitted to the facility on 4/7/12. The most recent quarterly MDS assessment dated 3/26/12 documented that R116 was independent in daily decision making and that it was very important for her to listen to music that she liked, keep up with the news, and to participate in religious services and practices. In addition, it was somewhat important for R116 to</p>	F 279			

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F 279	Continued From page 27 have books, newspapers, and magazines to read, do things with groups of people, and to go outside to get fresh air when the weather is good. R116 had a care plan for Activity developed on 5/2/12 with goal of the care plan was "patient will express satisfaction with daily routine by next review-90 days." Approaches included: -Provide monthly activity calendar. -Provide meet and greet sheet daily and read over daily activities. -Invite/encourage to attend activities of interest. -Monitor for any change in activity needs. -Remind patient of special group activities that may interest him. -Assist patient in securing materials needed for activity of choice. While the facility developed the above care plan, the care plan was not individualized. Although R116 verbalized her activities of interest on the above assessment, review of the care plan for "Activity" developed on 5/2/12 lacked evidence that the approaches were individualized and included the stated activities of interest such as listening to music, keeping up with the news, and participation in religious events.	F 279		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the	F 280		

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F 280	<p>Continued From page 28</p> <p>comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that for one (R1) out of 47 sampled residents the facility failed to revise the care plan to reflect the needs of the resident. Findings include:</p> <p>1. Cross refer F309, example 8.</p> <p>R1 developed a sunburn from spending a lot of time outside in the facility's courtyard.</p> <p>Review of R1's care plan for actual impaired skin integrity initiated on 6/1/11 and last updated 5/3/12 noted that on 5/3/12, Minerin lotion had been ordered for sunburned areas and on 5/4/12 the resident had pulled dry skin from the left shin (from peeling sunburn) and a treatment was initiated.</p> <p>A nurse's noted on 5/4/12 documented that the resident was picking dry skin off her legs when she peeled a section off leaving an open area</p>	F 280	<p>F280</p> <p>It is the practice of Delmar Nursing & Rehabilitation Center to ensure the resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>This resident's care plan has been updated to include education on sunscreen.</p> <p>All residents' care plans have been updated to include offering sunscreen before going outside, unless contraindicated.</p> <p>The DON will conduct monthly audits on newly admitted residents' care plans to ensure that the care plans include sunscreen (Attachment O).</p> <p>Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.</p>	6/8/2012	

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F 280	Continued From page 29 that was 6 cm. (centimeter) long by 2 cm wide. Review of the clinical record lacked evidence of a physician's order or care plan intervention to offer sunscreen or any form of sun protection to R1, who was known by staff to spend a lot of time outdoors in the sun and had recently been on an antibiotic (increases sensitivity to sun). There was no evidence that R1 was being educated about her risk of prolonged sun exposure and preventive sun measures.	F 280		
F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of other documentation as needed it was determined that the facility failed to ensure that nine out of 47 sampled residents (R1, R5, R8, R14, R34, R54, R65, R79 and R119) received the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. The facility failed to consistently monitor the effectiveness of seven (R8, R119, R3, R1, R14, R65, and R34) residents' pain medication in pre/post pain scores. The facility	F 309		

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F 309	<p>Continued From page 30</p> <p>failed to monitor and assess the bowel function of five (R54, R5, R1, R14, and R119) residents who went greater than 72 hours with no bowel movement. The facility failed to ensure skin protective measures were provided for one resident (R1) who spent a lot of time outdoors and failed to reposition one dependent resident (R65) as stated in the care plan. Findings include:</p> <p>PAIN MANAGEMENT: Review of the facility's policy and procedure titled "pain management" documented "procedure:</p> <ol style="list-style-type: none"> 1. The admitting nurse will complete a pain evaluation upon admission or readmission. 2. The resident's pain will be rated using one of the three scales (Wong Baker Faces, Numerical Scale, or PAINAD (Pain Assessment in Advanced Dementia). 4. The PRN Pain Flow sheet will be initiated by the licensed nurse when a PRN pain medication is ordered: for location, initial pain evaluation, evaluate the effectiveness of the interventions, monitor effectiveness of pharmacologic or alternative interventions. 6. A resident's pain will be documented in the resident's record using the 0-10 scale each time an evaluation of the resident is conducted." <p>The following pain management standards were approved by the American Geriatrics Society in April 2002 which included:</p> <ul style="list-style-type: none"> - appropriate assessment and management of pain; assessment in a way that facilitates regular reassessment and follow-up; same quantitative pain assessment scales should be used for initial and follow up assessment; set standards for monitoring and intervention; and collect data to monitor the effectiveness and appropriateness of 	F 309	<p>F309</p> <p>It is the practice of Delmar Nursing and Rehabilitation Center to ensure each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>No corrective action can be accomplished for these residents.</p> <p>Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this alleged deficient practice. The nursing staff has been re-educated on documentation of pain, bowel protocols, sunscreen, and as needed medications (Attachments L, P, and Q).</p> <p>The DON will conduct monthly random audits on turning and repositioning, prn documentation, and bowel documentation x 3 months (Attachment R).</p> <p>Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.</p>		6/8/12

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F 309	<p>Continued From page 31 pain management.</p> <p>1. Review of R8's physician orders included Tramadol (narcotic pain medication) 50 mg. (milligram) 1 tablet by mouth every 6 hours as needed (prn) for cancer pain. Review of R8's pain care plan, dated 3/2/11, listed the goal " ...will not experience episodes of uncontrolled pain during this evaluation period " and the approach " evaluate pain relief/control ". A note written on 3/21/12 stated, " Goal met. Has Tramadol prn ordered but seldom uses it ... ". Documentation of R8's pain assessment every shift was reviewed from March 1- May 10, 2012. Pain was documented on March 31 (refused pain medication) and April 15.</p> <p>Review of the April and May medication administration records (MARs) additionally revealed that R8 received prn doses of Tramadol (not recorded on the pain assessment) on 4/1, 4/3, 4/5, 4/10, 4/13, 4/15, 4/18, 4/21, 4/30 and 5/4.</p> <p>Nurse's notes were reviewed as well as prn effective reports. There were numerous doses of Tramadol given that were not recorded on the pain assessment (therefore no recording of pain site) and multiple times that there was no pre and/or post pain score (so unable to evaluate effectiveness of pain medication and to accurately evaluate frequency/levels of pain). Findings were reviewed and confirmed with E2 (Director of Nursing) on May 11, 2012.</p> <p>2. R119 was admitted to the facility on 2/4/12 with diagnoses including multiple sclerosis,</p>	F 309			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2012
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NAME OF PROVIDER OR SUPPLIER

DELMAR NURSING & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

101 E. DELAWARE AVENUE

DELMAR, DE 19940

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F 309	<p>Continued From page 32</p> <p>chronic pain, neurogenic bladder, depression, and hypertension.</p> <p>Admission Minimum Data Set (MDS) assessment dated 2/16/12 documented that R119 was independent for daily decision making, and had both a scheduled and PRN (as needed) pain medications with frequency of pain almost constantly, made it hard for her to sleep at night, have limited day to day activities because of pain, and the worst pain over the last 5 days was a "6" on a scale of "0" to "10" with "10" being the worst pain she can imagine. Care Area Assessment (CAA) Summary noted that a care plan was implemented for pain.</p> <p>Review of the initial "NUR Pain Assessment" dated 2/4/12 documented that R119 was not experiencing pain at the time of the assessment, however, she did experience pain in the past 24 hours. The assessment was incomplete and lacked location of the pain, frequency, and pattern of pain.</p> <p>March 2012 and April 2012 Physician's order included the following pharmacological interventions PRN for chronic pain:</p> <ul style="list-style-type: none"> - Oxycodone (narcotic pain medication) 5 mg. by mouth every 4 hours - Oxycodone 10 mg. by mouth every 4 hours <p>A care plan dated 2/6/12 for alteration in comfort documented goals the R119 will not experience episodes of uncontrolled pain. Approaches included:</p> <ul style="list-style-type: none"> - Evaluate pain relief/control. - Monitor for side effects of medication. - Monitor for S/S (signs/symptoms) pain every 	F 309		

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F 309	<p>Continued From page 33 shift.</p> <p>Goals included that "patient will express satisfaction with pain control measures by voicing satisfaction with pain level of 3 which resident states is tolerable for her..."</p> <p>An interview with R119 on 5/07/2012 at 5:22 PM revealed that she was experiencing pain in lower back to her toes with pain level of "8." Prior to admission, R119 was able to achieve a pain level of "4." Since being in the facility, she has been able to achieve a pain level of "6", however, her pain goal are to be between "3 and 4."</p> <p>Review of R119's documentation titled "Pain Q shift" (a documentation in the facility's electronic medical record/EMR in which the staff documented the pain assessment every shift) from March 1, 2012 through April 31, 2012 revealed that a different numerical scale of "0" to "5" was utilized with "0" being no pain and "5" being the worst pain. Additionally, when R119 verbalized presence of pain during 15 shifts, the facility failed to document the location of the pain.</p> <p>Review of the electronic Medication Administration Record (eMAR) for March 2012 and April 2012 documented that R119 was administered the scheduled Fentanyl patch and the Morphine ER as ordered. In addition, R119 was administered 92 doses of Oxycodone 10 mg. in March 2012 and 84 doses of Oxycodone 10 mg. in April 2012.</p> <p>Review of the "Pain Flow Sheet" (a documentation in the facility's EMR in which staff documented the pain assessment prior to a pain medication intervention) for March 2012 revealed</p>	F 309			

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F 309	<p>Continued From page 34</p> <p>that the facility assessed and documented the level of pain prior to the administration of the Oxycodone for 40 out of the 92 (43%) administrations. For April 2012, the facility assessed and documented pain prior to administration 31 out of 84 (37%) administrations.</p> <p>Another, separate report titled "PRN Effective Report" was reviewed which the facility's staff documented the effectiveness of the Oxycodone intervention. For March 2012 and April 2012, this report lacked evidence of a reassessment for 13 of 92 administrations (14%) and 11 of the 84 administrations (13%) administrations respectively. Of the reassessments documented, R119 achieved a pain level of "0-2."</p> <p>Review of nurses notes for March 2012 and April 2012 revealed that Oxycodone was administered PRN and that staff nurses failed to utilize the same numerical scale to reassess pain but rather documented "...pain is much improved", "...good results", "pain relieved", and "good effects."</p> <p>Findings were reviewed and confirmed with E2 on May 11, 2012.</p> <p>An interview with E1 (administrator) on 5/21/12 at approximately 2 PM revealed that there was not a system which consolidated the information from "Pain Q shift", "Pain Flow Sheet", and "PRN Effective Report" which are in the facility's EMR system. E1 verbalized that on a daily basis, the information on these documentation are reviewed by the facility staff. Although E1 verbalized that this information was reviewed daily, it is unclear how the facility monitored the effectiveness, appropriateness of pain management, and/or if</p>	F 309			

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F 309	<p>Continued From page 35</p> <p>the R119's pain goal of "3" for pain was met consistently due to lack of pain assessment prior to and post administration of Oxycodone as noted above.</p> <p>The facility failed to assure that the pain management protocol for R119 met the professional standards of clinical practice as defined by American Geriatrics Society and their own facility policy. In particular, this facility failed to record a pain assessment in a way that facilitated regular reassessment and follow-up in a timely manner utilizing the same quantitative pain assessment tool used for the initial assessment.</p> <p>3. R79 was readmitted to the facility on 1/10/12 with diagnoses including spinal stenosis in cervical region, hypertension, depression, Gout, hyperlipidemia, anxiety disorder, and insomnia.</p> <p>Most recent admission MDS assessment dated 1/14/12 documented that R79 had no cognitive impairment, was on a scheduled pain medication regime, received PRN pain medication within the past 5 days, limited his day to day activities because of pain, and the worst pain over the last 5 days was "8." Care Area Assessment (CAA) Summary noted that a care plan was implemented for pain.</p> <p>Review of the readmission "NUR-Pain Assessment" dated 1/10/12 documented that R79 had back pain with a pain intensity of "5." The subsequent assessment dated 4/18/12 documented that the resident had pain in the leg and the shoulder at an intensity of "3."</p>	F 309		

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A care plan titled "Chronic pain related to spinal stenosis, Gout" with latest update on 4/24/12 documented a goal that R79 will report/demonstrate maximal pain relief/control with minimal interference with ADL (activities of daily living) during this evaluation. Approaches included:

- Administer medication as ordered.
- Monitor for signs and symptoms of pain every shift and encourage resident to verbalize presence of pain as needed.
- Evaluate pain relief/control and adjust medication regime as needed.

Although the facility developed the above care plan, the facility failed to determine R79's goal for pain management.

An interview with R79 on 5/10/12 at approximately 9 AM revealed that his pain management has improved with recent changes in his pain management regime.

March 2012 and April 2012 Physician's order included the following pharmacological interventions on a PRN basis for chronic pain:

- Oxycodone 5 mg. by mouth every 4 hours
- Oxycodone 10 mg. by mouth every 4 hours

Review of the eMAR for March 2012 and April 2012 documented that 126 doses and 60 doses of Oxycodone 10 mg. were administered respectively.

Review of the "Pain Flow Sheet" March 2012 revealed that the facility assessed and documented the level of pain prior to the administration of the oxycodone for 79 out of 126 (63%) administrations. For April 2012, the facility

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F 309	<p>Continued From page 37</p> <p>assessed and documented pain prior to administration 33 out of 60 (55%) administrations.</p> <p>Review of "PRN Effective Report" 2012 revealed lack of evidence of a reassessment for 29 out of 126 administrations for March 2012 and 24 out of 60 (40%) administrations for April 2012.</p> <p>Review of nurses notes for March 2012 and April 2012 revealed that Oxycodone was administered PRN and that staff nurses failed to utilize the same numerical scale to reassess pain but rather documented "...effective outcome", "positive effect", and "good effect."</p> <p>The facility failed to assure that the pain management protocol for R79 met the professional standards of clinical practice as defined by American Geriatrics Society and their own facility policy. In particular, this facility failed to record a pain assessment in a way that facilitated regular reassessment and follow-up in a timely manner utilizing the same quantitative pain assessment tool used for the initial assessment.</p> <p>Above findings were reviewed and confirmed with E2 on May 11, 2012.</p> <p>4. R1 had a physician's order for oxycodone/APAP 5/325 mg 2 tablets every 4 hours PRN for severe pain and 1 tablet every 4 hours PRN for mild to moderate pain.</p> <p>The resident's care plan for chronic pain related to history of chronic pain to left knee with a goal of resident will express satisfaction with pain</p>	F 309			

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F 309	<p>Continued From page 38</p> <p>management during this evaluation period. Approaches included to evaluate pain relief/control and adjust medication regimen as needed.</p> <p>Review of the MAR revealed that between 3/1/12 and 5/15/12 the pain medication was administered 16 times. There was no evidence the pain scale was used to determine the level of pain for 8 out of 16 of these administrations of PRN medication.</p> <p>Review of the pain medication use further revealed that for 8 out of 16 doses the effectiveness of the medication was not documented to determine pain relief. Four of the doses had no assessment of pain before or after the administration of the medication.</p> <p>This was reviewed with E1 and E2 on 5/17/12.</p> <p>5. R14 had physician orders that included Tramadol 50 mg. every 4 hours PRN for breakthrough pain initiated on 12/15/11 to present and Pennsaid solution 1.5% PRN 4 times a day 30 drops transdermal (on skin) to right shoulder for pain that was in effect 4/7 - 4/19/12.</p> <p>R14 had a care plan for "Pain: alteration in comfort related to left wrist, back pain, headache, generalized discomfort related to obesity, decrease mobility manifested by old stroke, obesity, diabetes, depression, congestive heart failure, anxiety, degenerative joint disease and anemia". The goals included that the resident would voice relief of pain with treatment and that the resident would voice tolerable pain control at 2 (pain scale rating). The approaches included</p>	F 309			

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F 309	<p>Continued From page 39</p> <p>pain medications as ordered and notify MD of uncontrolled pain.</p> <p>Review of the March 2012 MAR revealed that Tramadol was administered 16 times. Review of facility electronic record revealed that for only 5 out of 16 opportunities did the facility use a scale to rate the resident's pain prior to administering the medication. Of these 16 opportunities the facility failed to check the effectiveness of the pain medication five times.</p> <p>Review of the April 2012 MAR revealed that Tramadol was administered 15 times. Review of the electronic record revealed that for only 7 out of 15 opportunities did the facility use a scale to rate the resident's pain. Of these 15 opportunities the facility failed to check the effectiveness of the pain medication five times.</p> <p>Review of the April 2012 MAR revealed that Pennsaid solution was used seven times. The facility only rated R14's pain 2 out of 7 opportunities. The effectiveness was checked for 3 out of 7 opportunities.</p> <p>Interviews on 5/10/12 with E2 and E6 (compliance nurse) confirmed that there was lack of evidence that the pain assessments were being completed consistently before and after pain medication administration.</p> <p>6. R65 had a physician's order, dated 5/2/12 to receive Tylenol 650 mg. by mouth every 12 hours for pain. A care plan, last reviewed on 5/2/12 for pain, alteration in comfort stated the goal was that the resident will state that pain is well controlled (less than 2) x 90 days. Care plan interventions</p>	F 309		

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F 309	<p>Continued From page 40</p> <p>included "administer pain med as ordered; monitor/record/report any side effects, efficacy; use pain scale of 1-10 (10 being the worst); assess/record pain history."</p> <p>In an interview with E6 on 5/10/12, she stated there was no pain assessment completed for R65. Review of the Nursing-Pain Q (every) Shift report from 3/1/12 through 5/10/12 revealed that on only two (2) occasions (3/6/12 at 11:55 PM and 3/23/12 at 3:47 AM) had staff monitored R65 for pain. The facility failed to monitor R65 for pain and failed to assess the effectiveness of the Tylenol that was being administered from 5/2/12 through 5/10/12.</p> <p>7. R34 had diagnoses that included Alzheimer's disease, malnutrition, hypertension and a history of bilateral foot pain.</p> <p>R34 had an order for Oxycodone 5 mg. tablet by mouth as necessary for pain.</p> <p>Review of R34's pain care plan, dated 3/2/11, listed the goals "...will not experience episodes of uncontrolled pain during this evaluation period and will express satisfaction with pain control measures during this evaluation period." Approaches included "evaluate pain relief/control; monitor for S/S (signs/symptoms) pain QS (every shift)."</p> <p>Review of R34's electronic records, specifically the pain flow sheet, pain q (every) shift report and the prn (as needed) effective report and nurse's notes revealed that the facility failed to consistently monitor pre and post levels of pain using a numeric scale when Oxycodone was</p>	F 309			

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administered. Additionally, the reports failed to
have consistent documentation.

SKIN CONDITIONS

8. R1 was alert and oriented, dependent on a wheelchair for mobility and needed staff assistance with activities of daily living. Observation of the resident on 5/7/12 revealed dry peeling skin to her forearms. The resident stated that she was peeling from a sunburn. R1 was observed 5/7 through 5/11/12 to spend most of the day outside in the courtyard.

Review of the physician's order sheet documented that R1 was on the antibiotic Cipro from 4/14 to 4/21/12 for an upper respiratory infection. The web site Drug.com documented that when on the antibiotic Cipro a 30 SPF sunscreen and limited sun exposure was recommended.

Review of R1's care plan for actual impaired skin integrity initiated on 6/1/11 and last updated 5/3/12 noted that on 5/3/12 Minerin lotion had been ordered for sunburned areas and on 5/4/12 the resident had pulled dry skin from the left shin (from peeling sunburn) and a treatment was initiated.

A nurse's noted on 5/4/12 documented that the resident was picking dry skin off her legs when she peeled a section off leaving an open area that was 6 cm. (centimeter) long by 2 cm. wide.

Review of the clinical record lacked evidence of a physician's order or care plan intervention to offer sunscreen to R1, who based on staff assessment

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F 309	<p>Continued From page 42</p> <p>spent a lot of time outdoors in the sun and had recently been on an antibiotic. There was no evidence that R1 was being educated about her risk of prolonged sun exposure and preventive sun measures.</p> <p>An interview on 5/11/12 with the resident revealed that she had not been offered sun screen. She did confirm that she spends a lot of time out side in the sun. R1 was also aware that antibiotics can make you more at risk for sun burn after being on an antibiotic last summer that caused irritation to her skin when outdoors. R1 stated that the bandages on her left arm and left shin were wounds from a sun burn that resulted in skin peeling.</p> <p>An interview on 5/11/12 at 2:20 PM with E8 (nurse) revealed that the resident was noted on Monday (5/7/12) to have peeling skin from a recent sun burn. The resident began peeling the dry skin off her shin and forearm. E8 stated that it was superficial and she had a smaller bandage on the areas but the resident was peeling the bandage off and continuing to peel the skin so she put on the larger bandage with kling. E8 confirmed that R1 should be offered sun screen.</p> <p>BOWEL MONITORING</p> <p>The facility policy and procedure entitled "Bowel Protocol" stated "Procedure: 1. Licensed Nurse assigned to the resident will monitor bowel movement documentation for the last 72 hours. 2. Residents noted with an absence of bowel movement for 72 hours will be referred to the attending physician or CRNP. 3. The Licensed Nurse will request physician orders for bowel</p>	F 309			

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F 309	<p>Continued From page 43</p> <p>regimen as indicated ...4. Initiation of the bowel regimen will be carried on the 24-hour report for follow-up on all three shifts ...5. Residents at risk for constipation or that have had a history of constipation will have a care plan initiated ...7. Any resident who is receiving an opioid should be reviewed by the physician for routine administration of a stool softener and/or laxative."</p> <p>9. R54 had diagnoses that included advanced dementia with delusional features, congestive heart failure and hypertension.</p> <p>A care plan for constipation was developed on 2/7/12 and included the approaches "monitor bowel movements (BM) to determine if there is a pattern; administer laxatives, stool softeners as ordered and document episodes of consistency/amount with BM's."</p> <p>R54 had physician's orders for Milk of Magnesia (MOM) 30 ml by mouth as needed for constipation (dated 2/16/12) and Enema disposable 1 bottle rectal as needed for constipation (dated 3/1/12). Neither order stated how often they could be administered.</p> <p>Review of the CNA-Incontinence/Toileting data sheet revealed that R54 had a large, soft BM on the 7 AM - 3 PM shift on 4/10/12. There was no documented BM until 4/14/12 when a small, soft BM was documented on the 7 AM-3 PM shift, which was a total of 11 shifts or greater than 72 hours. There was no evidence that the facility followed their bowel protocol and administered the MOM or fleets enema and/or notified the physician. Further review revealed that R54 did not have another BM until 4/19/12 on the 3 PM -</p>	F 309		

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DELMAR NURSING & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
101 E. DELAWARE AVENUE
DELMAR, DE 19940(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)(X5)
COMPLETION
DATE

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Continued From page 44
11 PM shift, a total of 13 shifts (greater than 72 hours). At this time R54 was documented to have had a large, hard BM. There was no evidence that the resident received MOM and/or a fleets or that the physician had been notified.

The CNA-Incontinence/Toileting data sheet stated R54 had a large, soft BM on 5/4/12 on the 7 AM - 3 PM shift. Review of data revealed R54 had no BMs through 5/9/12 11 AM - 7 AM shift. Review of the medication administration record revealed that R54 had not been given MOM until 5/8/12 at 3:23 PM, greater than 72 hours. Review of the 24 hour shift report for that day lacked documentation that R54 had received MOM and for the subsequent shifts to follow-up. As a result, there were no further interventions until 5/9/12 at 10:38 AM when another dose of MOM was given (4 shifts later) and the administration of a fleets enema was required on the 3 PM - 11 PM shift.

During an interview with E12 (nurse) on 5/9/12 at 3:30 PM, E12 stated there was no bowel protocol in the facility. E12 stated some residents had orders and some did not and that there were no clear orders as to what should be given when and after how long. E12 stated that staff do not document on the 24 hour report when follow-up is indicated.

10. R5 had a diagnosis of constipation and a current physician's order for Miralax 17 gm daily for constipation.

A care plan initiated on 3/8/11 for constipation included the goal of "Will have decreased episodes of constipation x 90 days" with approaches that included:

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CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

085041

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

05/17/2012

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- administer laxatives and stool softeners as ordered
- document episodes of consistency/amount with BMs
- monitor bowel movements to determine if there is a pattern such as time of day, cognitive function

Review of the electronic medical record (EMR) revealed the following for bowel monitoring:

- 4/3 to 4/7/12 no BM for 10 shifts
- 4/10 to 4/14/12 no BM for 11 shifts
- 4/20 to 4/24/12 no BM for 10 shifts
- 5/1 to 5/5/12 no BM for 11 shifts

Review of the EMR including nurses' notes lacked evidence that R5 was assessed for constipation, that the physician was notified and that interventions were offered.

An interview on 5/9/12 at 2:25 PM with E16 (nurse) and E12 (nurse) about BM monitoring revealed that either the unit manager, ADON or the computer analyst make the nursing staff aware a resident has gone 9 shifts without a BM so that interventions can be done. The only notification for R5 that could be located was on 5/5/12 at 8:30 AM after 11 shifts of no BM. By the time the notification was made the resident had a bowel movement.

11. R1 had diagnoses which included constipation. The resident was on Lactulose 30 ml daily and Miralax 17 gm daily for constipation. The resident also had a current physician's order for Milk of Magnesium (MOM) 30 ml as needed

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F 309	<p>Continued From page 46</p> <p>(PRN) for constipation. R1 was also on narcotic pain medications that can cause constipation.</p> <p>The resident had a care plan for potential for impaired bowel function related to (r/t) narcotic use and decreased mobility. The goal was the resident would pass a soft form stool every 3 days. The approaches included; monitor and record BMs per facility bowel protocol, assess for signs and symptoms (s/s) of constipation - nausea, vomiting, headache, cramping and abdominal distention, utilized pharmacologic agents as ordered - softeners, laxatives, enemas, suppositories etc.</p> <p>Review of the EMR for bowel monitoring revealed that from 3/8/12 through 3/12/12, R1 went 14 shifts without a BM and from 3/17/12 through 3/21/12, R1 went 10 shifts without a BM. Review of the MAR and the nurses notes revealed that no assessment for constipation was conducted and no pharmacological interventions including MOM were offered.</p> <p>This was reviewed on 5/17/12 with E2 (DON) and no further information on R1's bowel monitoring was available.</p> <p>12. R14 had diagnoses which included constipation. The resident had physician's orders for Senna Plus two tablets twice a day for constipation effective 10/29/10, Lactulose solution 30 ml (milliliters) daily for constipation effective 8/25/11 and Miralax powder 17 gm. (grams) daily for constipation. There was also a physician's order for MOM 30 ml as needed daily for constipation.</p>	F 309			

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F 309	<p>Continued From page 47</p> <p>The resident's care plan included constipation with a goal of decreased episodes of constipation. The interventions included to document the episodes of, consistency and amount of BMs, to administer laxative/stool softener medications and to monitor bowel movements to determine if there is a pattern.</p> <p>Review of the EMR revealed that between 3/8 and 3/12/12 R14 had 14 shifts with no BM and between 3/17 and 3/21/12 there were 10 shifts with no BM. There was no evidence that an assessment was completed, the physician was contacted or interventions including the MOM were initiated.</p> <p>This was reviewed with E1 (administrator) and E2 (DON) on 5/17/12.</p> <p>13. R119's admission MDS assessment dated 2/16/12 revealed that the resident was cognitively intact for daily decision making and needed total assistance for toilet use and was continent of bowel and that the resident was immobile for ambulation and had problems. Review of the "NUR-Admission Nursing Assessment" dated 2/5/12 documented R119 had a history of constipation and disimpaction by a physician.</p> <p>Review of care plan titled "Constipation" included a goal that resident will have decreased episodes of constipation for 90 days. Approaches included monitor bowel movements to determine if there is a pattern, such as time of day, cognitive function. Document episodes of consistency/amount with BM's. Administer laxatives, stool softeners as ordered.</p>	F 309			

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F 309	<p>Continued From page 48</p> <p>Review of the physician's orders for April 2012 revealed the following PRN orders for treatment of constipation:</p> <ul style="list-style-type: none"> - Milk of Magnesia (MOM) oral suspension 30 ml by mouth daily - Bisacodyl 10 mg. tablet by mouth daily - Easy ready to use disposable enema <p>Review of the "CNA-Incontinence/Toileting" data sheet revealed that R119 had a large, soft BM on the 11 PM -7 AM shift on 4/17/12. There was no documented BM until 4/21/12 when a large, soft BM was documented on the 7 AM-3 PM shift, which was a total of 12 shifts or greater than 72 hours.</p> <p>There was no evidence that the facility assessed R119 for constipation and/or followed their bowel protocol. Additionally, review of the April 2012 eMAR lacked evidence that any of the PRN orders for constipation was implemented.</p> <p>POSITIONING</p> <p>14. R65 was readmitted to the facility post hospitalization on 3/2/12. Diagnoses included congestive heart failure, hypertension, diabetes mellitus, cerebrovascular accident (stroke), Parkinson's disease, depression, glaucoma, rheumatoid arthritis and chronic obstructive pulmonary disease.</p> <p>A significant change MDS assessment, dated 3/8/12 stated R65's cognitive skills were moderately impaired, that he required extensive assist of one person for bed mobility and was totally dependent on two staff for transfers.</p>	F 309			

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F 309	Continued From page 49 A care plan, last reviewed on 5/3/12 for the problem "Prevention and treatment of deformities (sic) AEB (as evidenced by): Hx (history) CVA (stroke) related to: decrease (sic) mobility" included the approach "joints to be maintained in neutral position; good posture and body alignment are to be maintained at all times." A care plan developed for the prevention of pressure ulcers, last reviewed on 4/25/12, stated the resident was to be turned and repositioned every 2 hours with skin checks. The following observations were made of R65: 5/9/12 8:30 AM - lying in bed on back with the head of the bed up at 90 degrees. 5/9/12 8:50 AM - head of bed lowered to 45 degrees, remains lying on back. 5/9/12 9:40 AM - same position as prior observation. 5/9/12 10:12 AM - same position. 5/9/12 10:50 AM - same position, but has now slid down in bed. 5/9/12 12:10 PM - same position 5/9/12 2:55 PM - sleeping on back, head of bed down to 30 degrees, bed linens straightened up. 5/9/12 3:50 PM - lying on back, head of bed at 45 degrees. 5/9/12 4:30 PM - lying on back, head of bed at 45 degrees. 5/9/12 5:45 PM - lying on back, , head of bed at 45 degrees. The CNA Treatment/Assessment Report for Turn & Reposition for 5/9/12 documents that R65 was turned and repositioned every 2 hours with skin checks, despite surveyor observations to the contrary. There was no documented evidence	F 309		
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F 309	Continued From page 50 that the resident had refused to be turned and repositioned on 5/9/12.	F 309			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that one (R119) out of 47 sampled residents, who was unable to carry out activities of daily living received the necessary care to maintain personal hygiene. Findings include: R119 was admitted to the facility on 2/4/12 with diagnoses including multiple sclerosis (M.S.), chronic pain, neurogenic bladder, depression, and hypertension. The admission Minimum Data Set (MDS) assessment dated 2/16/12 documented that R119 was independent for daily decision making and required total assistance of staff for bathing. Review of care plan titled "ADL (Activities of Daily Living): Self-Care Deficit-max. (maximum) assist related to M.S. as evidenced by requiring total care by staff included approaches to "encourage self-care and provide assistance as needed." Review of a document titled "Station 1 CNA (Certified Nursing Assistant) Assignments"	F 312	F312 It is the practice of Delmar Nursing & Rehabilitation Center to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. No corrective action can be accomplished for this resident. Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this practice. The CNA's have been educated on documenting refusal of shower in the EMR system (Attachment A). The Unit Manager and ADON will conduct random monthly audits for 3 months to ensure residents are receiving showers, or documentation of refusal is present (Attachment S). Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.	6/8/2012	

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F 312	Continued From page 51 revealed that R119 was scheduled for a shower every Wednesday and Saturday during day shift Review of report titled "GRID TREATMENT/ASSESSMENT REPORT CNA-ADL Status" from the facility's electronic medical record (EMR) system for period 4/9/12 to 5/9/12 revealed that R119 received total of four showers on 4/11/12, 4/21/12, 4/28/12, and 5/5/12. Review of nurses notes for this same period of time lacked evidence of additional showers offered and or refused. An interview with E21 (CNA) on 5/11/12 at approximately 1 PM revealed that in the EMR system, there was not an option to document refusal of shower by residents and if a resident refused a shower, E21 would inform the nurse.	F 312		
F 329 SS=E	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic	F 329		

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Continued From page 52
drugs receive gradual dose reductions, and
behavioral interventions, unless clinically
contraindicated, in an effort to discontinue these
drugs.

This REQUIREMENT is not met as evidenced
by:

Based on record review and interview, it was
determined that for three (R65, R43, and R5) out
of 47 sampled residents, the facility failed to
ensure that the resident's drug regimen was
adequately monitored. Findings include:

1. R65 had a diagnosis of diabetes mellitus and
was receiving insulin injections daily.

On 4/5/12 a physician's order was written for R65
to have a finger stick blood sugar (FSBS) every
AM. On 5/3/12 a second physician's order stated
for a fingerstick (FS) to be done at 8:00 AM every
day.

Review of the Grid Treatment/Assessment
Report Nur-Acc-checks report and nurse's notes
from 4/5/12 through 5/10/12 and the Medication
Administration Report/Log from 5/1/12 through
5/9/12 revealed the facility failed to monitor R65's
FSBS as ordered by the physician. Review of
these three documentation sources lacked
evidence of FSBS being completed on 4/9/12
through 4/11/12, 4/13/12 through 5/3/12, and
5/5/12 and 5/8/12.

Findings were acknowledged by E6 (compliance

F 329 F329

It is the practice of Delmar Nursing & Rehabilitation
Center to ensure each resident's drug regimen is
free from unnecessary drugs. An unnecessary drug
is any drug when used in excessive dose (including
duplicate therapy); or for excessive duration; or
without adequate monitoring; or without adequate
indications for its use; or in the presence of adverse
consequences which indicate the dose should be
reduced or discontinued; or any combinations of the
reasons above.

No corrective action can be accomplished for these
residents.

Residents of Delmar Nursing & Rehabilitation Center
have the potential to be affected by this practice.
The nursing staff has been educated on
documentation of prn effectiveness, blood pressure,
and pulse (Attachment L).

The DON will conduct random monthly audits for 3
months to ensure documentation is in place
(Attachment R).

Results of these audits will be forwarded to the
Quality Assurance Committee for review. The
Quality Assurance Committee will determine the
need for further audits.

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F 329	<p>Continued From page 53</p> <p>nurse) on 5/10/12 when she provided the documents for review.</p> <p>2. Review of R43's behavior care plan, dated 3/12/12, included interventions to document behaviors in the nurse's notes and the behavior monitoring form and to document the effectiveness/ineffectiveness of interventions.</p> <p>a) Review of R43's physician orders included Lorazepam 1 mg. by mouth twice daily as needed (prn) for agitation/anxiety.</p> <p>Review of the April and May 2012 medication administration records (MARs) revealed that R43 received Lorazepam on 4/1, 4/6, and 5/6.</p> <p>Record review indicated that the facility failed to document the usage of Lorazepam in R43's behavior monitoring sheets on 4/1, 4/6 and 5/6. There was no documentation in the nurse's notes for the Lorazepam administered on 4/1 and 5/6. Additionally, the facility failed to document the effectiveness/ineffectiveness of the medication on 5/6.</p> <p>E15 (Corporate Nurse) stated during an interview on 5/10/12 that the behavior sheets and nurse's notes should have reflected the behaviors that required the use of prn Lorazepam.</p> <p>b) Review of R43's physician orders included Ambien 5 mg. by mouth at bedtime as needed (prn) for insomnia.</p> <p>Review of R43's insomnia care plan, dated 3/27/12, included an intervention to assess/record/report mood for ongoing use (of</p>	F 329		

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F 329	Continued From page 54 Ambien). Review of the April and May 2012 MARs revealed that R43 received Ambien on 4/1, 4/6, and 5/6. Record review revealed that the facility failed to consistently document the usage of Ambien prn in R43's behavior monitoring sheets and nurse's notes. They also failed to consistently document/monitor the effectiveness of the medication. 3. R5 was on Enalapril 5 mg. daily and Lasix 20 mg. daily for hypertension. The resident had a current physician's order originating 2/24/11 to have blood pressure (BP) and pulse (P) monitored weekly. Review of the electronic medical record (EMR) documentation in March 2012 the BP and P were only done twice (3/1 and 3/8/12) and April 2012 were only done twice (4/5 and 4/19/12). This was reviewed with E1 (administrator) and E2 (DON) on 5/17/12. No more monthly vital signs were available for review.	F 329			
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza	F 334			

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F 334	Continued From page 55 immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that – (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding	F 334	F334 It is the practice of Delmar Nursing & Rehabilitation Center to ensure that before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization. Resident 79 no longer resides in this facility. Charts of residents admitted to and still residing in Delmar Nursing and Rehabilitation Center have been reviewed to ensure documentation of education is present. The "Pneumococcal Polysaccharide Vaccine What You Need to Know" information statement has been added to the Admission Packet (Attachment T). All new admissions will be reviewed in morning meeting to ensure education on the pneumococcal vaccine has been provided (Attachment J). Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.	6/8/2012

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NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940
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F 334	<p>Continued From page 56</p> <p>the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the facility failed to ensure that the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization for one (R79) out of five (5) residents sampled. Findings include:</p> <p>The facility policy entitled "Infection Control Screening and Immunization" page 18 states, "...Pneumococcal vaccinations...Patients are offered the vaccine and immunized when admitted...The patient or legal representative is provided the opportunity to refuse immunizations. If the patient or legal representative refuses immunization, education and consultation regarding the benefits are provided...Documentation of administration is placed on the Medication Administration Record</p>	F 334		

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F 334	Continued From page 57 and the Patient Immunization Tracking...The date of immunization or refusal and date counseling provided for the pneumococcal vaccine are included on the form." R79 was admitted to the facility on 1/20/12. Review of the clinical record lacked documented evidence that the benefits and potential side effects of the pneumococcal immunization were discussed with R79. The vaccine was charted as refused on 1/11/12 during a previous admission. During an interview with E6, Facility Compliance Nurse, on 5/10/12, she acknowledged the lack of any documented evidence regarding the pneumococcal vaccine education for R79.	F 334		
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations it was determined that the facility failed to serve food under sanitary conditions. Findings include: 1. On 5/7/12 at 1:18 PM E19 (nurse) was observed in R25's room wearing gloves while	F 371	It is the practice of Delmar Nursing & Rehabilitation Center to (1) procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) store, prepare, distribute and serve food under sanitary conditions. No corrective action can be accomplished for this resident. The microwave has been cleaned. Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this alleged deficient practice. The nursing staff has been educated on serving food (Attachment C). Dignity Audits will be conducted weekly for 3 months by a nursing supervisor (Attachment D). Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.	6/8/2012

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F 371	Continued From page 58 assisting the resident with her lunch tray. With the same gloved hands the nurse used while assisting the resident she pulled the bread out of the wax paper and handled it with the gloves contaminated by touching the resident and other items on the tray. 2. Observation of Station 1 Medication Room on 5/11/12 at approximately 3 PM revealed a microwave encrusted with food debris. An interview with E7 (Nurse) on 5/11/12 at approximately 3:15 PM confirmed that the microwave was utilized for residents and staff and needed to be cleaned.	F 371			
F 428 SS=E	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to ensure that during the medication regimen review (MRR) the consultant pharmacist identified and reported irregularities (monitoring of medications) to facility administration for five of 47 sampled residents (R8, R43, R5, R119, and R79). Findings include:	F 428			

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F 428	Continued From page 59 1. Cross refer F309, example 1. Review of R8's physician orders included Tramadol 50 mg 1 tablet by mouth every 6 hours as needed (prn) for cancer pain. Review of the April and May 2012 medication administration records (MARs) revealed that R8 received prn doses of Tramadol on 4/1, 4/3, 4/5, 4/10, 4/13, 4/15, 4/18, 4/21, 4/30 and 5/4. Nurse's notes were reviewed as well as prn effective reports. There were numerous doses of Tramadol given that were not recorded on the pain assessment done every shift (therefore no recording of pain site) and multiple times that there was no pre and/or post pain score (so unable to evaluate effectiveness of pain medication and to accurately evaluate frequency/levels of pain). Medication Regimen Reviews (MMRs) dated 3/26/12 and 4/23/12 completed by the facility pharmacy consultant were reviewed. In both reports, there was no identification and recommendation(s) made to the facility regarding lack of consistent monitoring for R8's prn Tramadol. 2. Cross refer F329, example 2. Review of R43's physician orders included Lorazepam 1 mg by mouth twice daily as needed (prn) for agitation/anxiety and Ambien 5 mg by mouth at bedtime prn for insomnia. Review of the April and May 2012 medication administration records (MARs) revealed that R43	F 428	It is the practice of Delmar Nursing & Rehabilitation Center to ensure the drug regimen of each resident is reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. No corrective action can be accomplished for this alleged deficient practice. Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this alleged deficient practice. All charts have been reviewed to identify residents who have been affected. Monthly for 12 months, the Consultant Pharmacist will obtain the PRN Effectiveness Report from CueShift and identify PRN medications that are missing documentation of effect. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing PRN, to be delivered to the nursing unit for review. The Consultant Pharmacist will provide a master list of these recommendations to the DON. The Consultant Pharmacist will also obtain monthly the BP/Pulse Report from CueShift and identify those medications that are missing documentation of BP/Pulse. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing vital signs, to be delivered to the nursing unit for review. The Consultant Pharmacist will provide a master list of these recommendations to the DON. The Pharmacist's Quarterly QA report will include the number of uncharted PRN and BP/Pulse entries for the prior 3 months.	6/15/2012

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F 428	<p>Continued From page 60 received Lorazepam on 4/1, 4/6, and 5/6.</p> <p>Review of the April and May 2012 MARs revealed that R43 received Ambien on 4/1, 4/6, and 5/6.</p> <p>Record review revealed that the facility failed to consistently document the usage of Lorazepam and Ambien prn in R43's behavior monitoring sheets and nurse's notes. They also failed to consistently document/monitor the effectiveness of the medication.</p> <p>Review of MRRs dated 3/27/12 and 4/30/12 revealed failure of the consultant pharmacist to identify and make recommendations(s) to the facility related to lack of consistent monitoring for prn Lorazepam and Ambien for R43.</p> <p>3. Cross refer F329 example # 2. R5 was on Enalapril 5 mg daily for hypertension (HTN) and Lasix 20 mg daily for HTN. The resident had a physician's order originating 2/24/11 to have blood pressure (BP) and pulse (P) monitored weekly.</p> <p>Review of the electronic medical record documented in March 2012 the BP and P were done twice (3/1 and 3/8/12) and April 2012 were done twice (4/5 and 4/19/12).</p> <p>The Pharmacy Review (MMR) was completed on 3/26/12 and 4/23/12 and failed to identify the missing vital sign monitoring.</p> <p>This was reviewed with E1 (administrator) and E2 (DON) on 5/17/12. No more monthly vital signs were available for review.</p>	F 428			

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F 428	<p>Continued From page 61</p> <p>4. Cross refer, F309 example 2. R119 was admitted to the facility on 2/4/12 with diagnoses including multiple sclerosis, chronic pain, neurogenic bladder, depression, and hypertension.</p> <p>Review of R119's March 2012 and April 2012 physician's order included the following pharmacological PRN interventions for chronic pain: - Oxycodone 5 mg. by mouth every 4 hours - Oxycodone 10 mg. by mouth every 4 hours</p> <p>Review of the electronic Medication Administration Record (eMAR) for March 2012 and April 2012 documented that R119 was administered 92 doses of Oxycodone 10 mg. in March 2012 and 84 doses of Oxycodone 10 mg. in April 2012.</p> <p>Review of the "Pain Flow Sheet" (a documentation in the facility's EMR in which staff documented the pain assessment prior to an pain medication intervention) for March 2012 revealed that the facility assessed and documented the level of pain prior to the administration of the Oxycodone for 40 out of the 92 (43%) administrations. For April 2012, the facility assessed and documented pain prior to administration 31 out of 84 (37%) administrations.</p> <p>Another, separate report titled "PRN Effective Report" was reviewed which the facility's staff documented the effectiveness of the Oxycodone intervention. For March 2012 and April 2012, this report lack of evidence of a reassessment for 13 of 92 administrations (14%) and 11 of the 84</p>	F 428			

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F 428	<p>Continued From page 62</p> <p>administrations (13%) administrations respectively.</p> <p>Review of nurses notes for March 2012 and April 2012 revealed that Oxycodone was administered PRN and that staff nurses failed to utilize the same numerical scale to reassess pain but rather documented "...pain is much improved", "...good results", "pain relieved", and "good effects."</p> <p>During the MRR for March 2012 and April 2012, the consultant pharmacist failed to identify that the pain assessments prior to and post administration of pain medication were completed.</p> <p>5. Cross refer F309, example 3.</p> <p>R79 was readmitted to the facility on 1/10/12 with diagnoses including spinal stenosis in cervical region, hypertension, depression, Gout, hyperlipidemia, anxiety disorder, and insomnia.</p> <p>March 2012 and April 2012 Physician's order included the following pharmacological interventions on a PRN basis for chronic pain:</p> <ul style="list-style-type: none"> - Oxycodone 5 mg. by mouth every 4 hours - Oxycodone 10 mg. by mouth 4 hours <p>Review of the eMAR for March 2012 and April 2012 documented that 126 doses and 60 doses of Oxycodone 10 mg. was administered respectively.</p> <p>Review of the "Pain Flow Sheet" March 2012 revealed that the facility assessed and documented the level of pain prior to the administration of the oxycodone for 79 out of 126 (63%) administrations. For April 2012, the facility</p>	F 428			

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F 428	Continued From page 63 assessed and documented pain prior to administration 33 out of 60 (55%) administrations. Review of "PRN Effective Report" 2012 revealed lack of evidence of a reassessment for 29 out of 126 administrations for March 2012 and 24 out of 60 (40%) administrations for April 2012. Review of nurses notes for March 2012 and April 2012 revealed that Oxycodone was administered PRN and that staff nurses failed to utilize the same numerical scale to reassess pain but rather documented "...effective outcome", "positive effect", and "good effect." MRR was completed on 1/21/12, 2/28/12, and 4/20/12, however, the consultant pharmacist failed to identify that the pain assessment prior to and post administration of pain medication was completed.	F 428			
F 469 SS=F	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on record review and observations in the resident rooms and throughout the facility during the survey, it was determined that the facility failed to maintain a pest control program that ensured that the facility remained pest free. Findings include:	F 469			

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F 469	Continued From page 64 1. A small fly was in room # 112 on 5/7/12 at 3:03PM. 2. On 5/07/2012 at 12:47PM, a fly was observed in room # 223. 3. On 5/07/2012 at 11:10AM, gnats were flying near resident R12 in room # 205. 4. On 05/08/12 at 9:41AM, a fly was observed near the door of room # 309. 5. One fly was observed in room # 203 on 5/9/12 at 11:55AM. 6. One fly was observed in the conference room on 5/16/12 at 12:30PM. 7. On 5/7/12 at 12:45 PM a fly was observed near the resident's food tray in room #211. 8. On 5/7/12 at 11:25 AM two (2) flies were observed in room #212. 9. On 5/9/12 at 9:25 AM, two (2) flies were observed flying around the resident in room # 225. 10. On 5/9/12 at 5:50 PM, a fly and gnat were observed flying around the resident's food tray in room # 221. The pest elimination services agreement with the vendor covers Cockroach and Rodent elimination programs. The agreement includes a Large Fly program that is conducted on a monthly cycle	F 469	F469 It is the practice of Delmar Nursing & Rehabilitation Center to maintain an effective pest control program so that the facility is free of pests and rodents. No corrective action can be accomplished for those days. Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by flies. Door sweeps and weather stripping will be applied to exterior doors. The Administrator will review the pest control service log monthly and will address any recommendations immediately. Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.		6/8/2012

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F 469	<p>Continued From page 65</p> <p>applying Maxima (R) ultra violet light protection at 6 stations and 10 exterior fly bait stations. The agreement also handles small flies.</p> <p>On 3/6/12, the vendor replaced 4 Stealth Maxima (R) glueboards and applied 0.15 gallons of Nyguard IG (R) concentrate. The technician noted on this visit that the lobby, hallways, and dining areas had, "exit door doesn't close/seal properly - 1/4 inch gap or greater exists. Install/replace door sweep. Install weather stripping. Exclusion measures here will reduce the number of pests entering the area."</p> <p>On 3/27/12, the vendor applied 0.25 gallons of Demand CS (R) insecticide and applied 0.15 gallons of Nyguard IG (R) concentrate. The technician noted on this visit that the lobby, hallways, and dining areas had, "exit door doesn't close/seal properly - 1/4 inch gap or greater exists. Install/replace door sweep. Install weather stripping. Exclusion measures here will reduce the number of pests entering the area." The technician also noted that small flies were noted in the kitchen - dish washing area. This area was inspected and serviced. Spilled food material found on the floor could attract and be a source for breeding pests. The floor drains needed cleaning to prevent pest breeding sites.</p> <p>On 4/10/12, the vendor replaced 6 Stealth Maxima (R) glueboards and applied 0.15 gallons of Nyguard IG (R) concentrate. The technician noted on this visit that the lobby and hallway areas had, "exit door doesn't close/seal properly - 1/4 inch gap or greater exists. Install/replace door sweep. Install weather stripping. Exclusion measures here will reduce the number of pests</p>	F 469			

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F 469	Continued From page 66 entering the area." On 5/9/12, the vendor replaced 10 Stealth Maxima (R) glueboards, applied 0.50 gallons of Suspend SC (R) insecticide, applied 10.0 ounces of Maxforce (R) flybait, and applied 0.25 gallons of Nyguard IG (R) concentrate. The technician noted on this visit that the lobby, hallways, exterior, and dining areas had, "exit door doesn't close/seal properly - 1/4 inch gap or greater exists. Install/replace door sweep. Install weather stripping. Exclusion measures here will reduce the number of pests entering the area." The technician also noted that flies were noted in the hallway area. This area was inspected and serviced. Spillages were found in the kitchen and storage areas. The pest sighting log indicated on 3/6/12, 3/20/12, 4/10/12, and 4/27/12 no sitings were noted. 5/2/12 indicated a mouse in room #110 closet.	F 469			



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
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STATE SURVEY REPORT

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NAME OF FACILITY: Delmar Nursing & Rehabilitation Center

DATE SURVEY COMPLETED: May 17, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced annual survey was conducted at this facility from May 7, 2012 through May 17, 2012. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 94. The Stage 2 sample totaled 47 residents.</p>	
3201	Skilled and Intermediate Care Nursing Facilities	
3201.1.0	Scope	
3201.1.2	<p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>This requirement is not met as evidenced by:</p>	



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

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	Cross refer to the CMS 2567-L survey report date completed 5/17/12, F164, F241, F246, F248, F249, F250, F253, F256, F279, F280, F309, F312, F329, F334, F371, F428, F469.	To be completed 6/16/12 F-TAGS-F164, F250,F256,F280,F312, F334, F371,F241,F246,F248,F253, F279,F309,F329,F428,F249,F469

Provider's Signature

[Signature]

Title

Administrator

Date

6/8/12